



STATE OF WASHINGTON  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
**WORKING CONNECTIONS CHILD CARE (WCCC)**

Date: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
CASE NUMBER

FOLD

Dear Applicant:

We received your request for Working Connections Child Care. This application is being sent in response to your request.

**We will process your application and determine eligibility once you provide ALL the following information.**

- WCCC application/provider information (you must **complete** this even if you are in a WorkFirst activity);
- Provide the last three months of household income (such as copies of pay stubs, child support, Social Security Income, Supplemental Security Income (SSI), and any other income received by someone in your family). Include your employment schedule and a contact person and telephone number. You do not need to provide proof of income from cash assistance from the state (TANF).
- If you are newly employed and have no pay stubs, we will accept a statement from your employer showing a hire date, how much you are making (per hour, salary, etc.) and what your schedule will be. Please have the statement include a contact person and telephone number.
- Proof of court or administrative ordered child support payments (if applicable) and verification of payments made.
- If care is provided by an in-home/relative provider, the provider must meet the qualifications listed on page four of this form and you must submit the provider's:
  - Picture identification;
  - Valid Social Security card or proof that the provider is legally able to work in the U.S., such as a Green Card or Employment Authorization document (EAD);
  - Current address; and
  - Background Authorization form, DSHS 09-653. You may get this form from your WCCC authorizing worker. **No payment will be made for care provided prior to the date all background check results are received.**

Please call the number below if you have any questions.

Worker's Name: \_\_\_\_\_ Telephone/Fax Number: \_\_\_\_\_



Washington State  
Department of Social  
& Health Services

WORKING CONNECTIONS CHILD CARE (WCCC)

## WCCC APPLICATION

### PART 1. APPLICATION INFORMATION

Incomplete information may delay approval for Services and payment. Type or print clearly.

DATE	WORKER'S NAME
LOCAL OFFICE	
TELEPHONE NUMBER	FAX NUMBER
CASE NUMBER	BIRTHDATE
SSN (OPTIONAL)	TELEPHONE NUMBER
ETHNICITY	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

#### CHILDREN FOR WHOM YOU ARE RESPONSIBLE LIVING IN THE HOUSEHOLD

NAME (LAST, FIRST, MIDDLE INITIAL)	BIRTHDATE	GENDER	ETHNICITY	SOCIAL SECURITY NUMBER (OPTIONAL)	U.S. CITIZEN OR LEGAL RESIDENT	RELATIONSHIP TO APPLICANT
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### SPOUSE OR THE CHILD'S OTHER PARENT/GUARDIAN LIVING IN THE HOUSEHOLD (REQUIRED)

NAME	BIRTHDATE	SOCIAL SECURITY NUMBER (OPTIONAL)	RELATIONSHIP TO APPLICANT	RELATIONSHIP TO ABOVE CHILDREN

#### APPLICANT

#### SPOUSE OR SECOND PARENT/GUARDIAN

NAME OF EMPLOYER, WORKFIRST ACTIVITY, OR SCHOOL		NAME OF EMPLOYER, WORKFIRST ACTIVITY, OR SCHOOL	
ADDRESS (EMPLOYMENT, WORKFIRST ACTIVITY, OR SCHOOL)		ADDRESS (EMPLOYMENT, WORKFIRST ACTIVITY, OR SCHOOL)	
TELEPHONE NUMBER	DATE STARTED	TELEPHONE NUMBER	DATE STARTED
IF YOU ARE EMPLOYED, HOW OFTEN ARE YOU PAID <b>AND</b> YOUR WAGE? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly \$		IF YOU ARE EMPLOYED, HOW OFTEN ARE YOU PAID <b>AND</b> YOUR WAGE? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly \$	

Do you pay child support? ☐ Yes ☐ No Monthly amount: \$

#### MONTHLY SOURCES OF EARNED/UNEARNED INCOME FOR ALL FAMILY MEMBERS

Include COPIES (for the last three months):	NAME SELF	NAME	NAME	NAME
Employment (gross, before taxes)				
Self-employment				
Temporary Aid to Needy Families (TANF)				
Child support received				
Social Security (SSI, SSA)				
VA, Disability, L&I, or Unemployment benefits				
Other (specify):				

Do you receive any vouchers to help you pay for housing? ☐ Yes ☐ No

PARENT/GUARDIAN'S ACTIVITY SCHEDULE		
APPLICANT		SPOUSE OR SECOND PARENT/GUARDIAN
ACTIVITY (EMPLOYMENT, SCHOOL, WORKFIRST ACTIVITY)		ACTIVITY (EMPLOYMENT, SCHOOL, WORKFIRST ACTIVITY)
	WHAT IS YOUR SCHEDULE FOR EMPLOYMENT, SCHOOL, WORKFIRST ACTIVITY?	WHAT IS YOUR SCHEDULE FOR EMPLOYMENT, SCHOOL, WORKFIRST ACTIVITY?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

What date will child care begin:

CHILDREN'S ACTIVITY SCHEDULE		
CHILDREN'S NAMES	SCHOOL SCHEDULE (EXACT DAYS AND TIMES)	SCHOOL SCHEDULE (EXACT DAYS AND TIMES)

Do you have a child with Special Needs? ☐ Yes ☐ No

If yes, please contact the Authorizing Worker for information about special needs payment rates.

#### HEARING RIGHTS

You have a right to a hearing. To request a hearing, contact this office or write to Office of Administrative Hearings, PO Box 42489, Olympia WA 98504-2489. You must request your hearing within 90 days of the date you receive the decision. At the hearing, you have the right to represent yourself, be represented by an attorney or by any other person you choose. You may be able to get free legal advice or representation by contacting an office of legal services.

**I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law. (RCW 74.08.055)**

FIRST PARENT/LEGAL GUARDIAN'S SIGNATURE	DATE	SECOND PARENT/LEGAL GUARDIAN'S SIGNATURE	DATE
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#### MEDICAL FOR YOUR CHILDREN

Did you know that you could get medical and dental coverage for your children? There is no waiting list and it's as easy as 1 - 2 - 3!

- Are you receiving any other type of assistance through the state, such as food stamps or cash assistance?
  - YES:** Call the financial worker in charge of your case and request medical coverage for your children.
  - NO:** Call the toll free telephone number for Children's Medical assistance at 1-800-204-6429.
- Provide the worker with the information they need to tell if you are eligible. They may already have this or be able to take it over the telephone.
- Receive the medical card in the mail.

**Don't wait - medical coverage for your children is as close as a phone call away!**

**Discrimination is prohibited in all programs and activities: No one shall be excluded on the basis of race, color, religion, creed, national origin, sex, age, marital status, disabled veteran or Vietnam-era veteran status, or handicap.**



## WORKING CONNECTIONS CHILD CARE (WCCC)

**WCCC APPLICATION****PART 2. PROVIDER INFORMATION**

(TO BE COMPLETED BY PARENT/GUARDIAN AND PROVIDER)

Type or print clearly.

Incomplete information may delay approval for payment.

**1. PROVIDER'S NAME AND ADDRESS**

The provider's name, address, and telephone number given to us is public information and can be given to anyone who requests it.

DATE

WORKER'S NAME

LOCAL OFFICE

TELEPHONE/FAX NUMBER

CASE NUMBER

PARENT/GUARDIAN'S NAME

PROVIDER NUMBER

EXPECTED START DATE FOR CARE

**2. TYPE OF CARE: CHECK THE CORRECT BOX IDENTIFYING THE TYPE OF CARE YOU PROVIDE**

<input type="checkbox"/> Child care	PROVIDER'S SSN OR FEDERAL TAX IDENTIFICATION NUMBER		LICENSE EXPIRATION DATE	
<input type="checkbox"/> Family Child Care Home	PROVIDER'S SSN OR FEDERAL TAX IDENTIFICATION NUMBER		LICENSE EXPIRATION DATE	
<input type="checkbox"/> Care in the Child's Home; see Page 4, Sections 5 and 7.	PROVIDER'S SSN	18 OR OVER? <input type="checkbox"/> Yes <input type="checkbox"/> No	BIRTHDATE	RELATIONSHIP TO THE CHILD
<input type="checkbox"/> Care in the Relative's Home; see Page 4, Sections 6 and 7.	PROVIDER'S SSN	18 OR OVER? <input type="checkbox"/> Yes <input type="checkbox"/> No	BIRTHDATE	RELATIONSHIP TO THE CHILD

**3. ENTER THE DAYS AND TIMES YOU WILL PROVIDE CARE FOR THE FOLLOWING CHILDREN**

NAMES	BIRTHDATE	DAYS AND TIMES CARE WILL BE PROVIDED, SPECIFY BEFORE AND AFTER SCHOOL TIMES

**4. PROVIDER: ENTER THE DAILY RATES YOU CHARGE FOR CHILD CARE**

What are the usual rates you charge to parent's/guardians?  <b>This information must be provided before payment is authorized.</b>	INFANT \$	TODDLER \$	REGISTRATION FEE <input type="checkbox"/> NONE <input type="checkbox"/> ONE-TIME <input type="checkbox"/> FIELD TRIP FEE	IF YES, AMOUNT: \$ _____ <input type="checkbox"/> PER CHILD <input type="checkbox"/> PER FAMILY \$ _____ PER MONTH RATE
	PRESCHOOL \$	SCHOOL AGE \$		

**Contact the Authorizing Worker for payment rates for children with special needs.****I understand completing this form does not guarantee payment. If child care is authorized, I agree to child care payment at my usual rate or the DSHS rate, whichever is less.**

PROVIDER'S SIGNATURE  <input type="checkbox"/> Director <input type="checkbox"/> Non-relative caretaker <input type="checkbox"/> Other <input type="checkbox"/> Owner <input type="checkbox"/> Relative caretaker	DATE	TELEPHONE AND FAX NUMBER (INCLUDE AREA CODE)
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**FOR AGENCY USE ONLY: ☐ Check box if licensed provider information was obtained by telephone.**

**5. PARENT COMPLETE IF CARE OCCURS IN YOUR HOME**

The following information is needed when child care is provided in your home by your adult child or your parent. If you live with the provider, we consider the provider's home your home too. Please complete 1, 2, or 3. Incomplete information could delay payment.

1. **The provider is my child** (natural, step, adopted, or foster) 18 through 20 years old. ☐ Yes ☐ No

2. **The provider is my parent** (natural, step, adopted, or foster). ☐ Yes ☐ No

If yes, please check the box below that applies to you (the person applying for child care, not the child care provider).

- ☐ I am widowed. ☐ I am divorced and not remarried. ☐ I am married, separated, or never married.  
☐ I live with my disabled spouse who is unable to care for my child for at least four continuous weeks in a calendar quarter.

3. ☐ **Neither 1 or 2 apply to me** (the person applying for child care, not the provider).

**6. PROVIDER COMPLETE IF CHILD CARE OCCURS OUTSIDE OF THE CHILD'S HOME**

The provider must be an adult relative. The relative must provide the department with the names and birth dates of all persons, 16 years of age or older, who live with that provider. ONLY list the names of household members who are 16 years of age or older.

NAME	BIRTHDATE	NAME	BIRTHDATE

I certify the persons listed above are the only individuals, 16 years of age or older, who reside with me. I understand these individuals will be subject to the same background inquiry process as me. I also understand if another person, 16 years of age or older, moves into my home while I am an authorized provider for WCCC, I must immediately notify the parent.

PROVIDER'S SIGNATURE

DATE

**7. PARENT AND PROVIDER CERTIFICATION**

Are you, the provider, a U.S. citizen or an alien legally able to work in the U.S.? ☐ Yes ☐ No

To be an in-home/relative provider, you must:

- Be 18 years of age or older.
- Provide care only in the children's home. Care may be provided in the provider's home only if he/she is one of the following relatives to the children; aunt, uncle, grandparent, sibling living outside the home, or a great aunt, great uncle or great grandparent.
- Not have a disqualifying criminal background under WAC 388-290-0160 or WAC 288-290-0165.
- Be physically and mentally healthy enough to meet all the needs of the child in care. If the department asks for it, the parent(s) must provide written proof you are physically and mentally healthy enough to be a safe child care provider.
- Be able to care for the child without using physical punishment or mental abuse.
- Provide care to the child in a safe home.
- Be informed about basic health practices, prevention and control of infectious disease, and immunizations.
- Provide constant care, supervision, and activities based on the developmental needs of the child.
- Immediately report, to the parent, any notice of criminal convictions or pending charges against yourself or of anyone in the household, 16 years of age or older, when care occurs outside the child's home.
- Not be the child's biological, step or adoptive parent, legal guardian, in loco parentis, or the spouse of any of these individuals.

**7. PARENT AND PROVIDER CERTIFICATION (CONTINUED)**

I, as the parent/guardian, certify my in-home/relative provider meets the requirements listed above. I understand:

- If I cannot make these assurances, payment will not be authorized.
- Certain background information may disqualify my provider. It is my provider's responsibility to immediately tell me if they, or any person, 16 years of age or older living with the provider, when care occurs outside of the child's home are charged or convicted of any crime. I am then responsible to immediately tell my DSHS child care worker.
- **No payment will be made for care provided prior to the date all background check results are received.**
- I must notify WCCC staff, within five days, if this provider stops child care.
- My provider will not be paid for the care of more than six children at the same time (same hours and days).
- I may not have more than three in-home/relative providers authorized for payment at the same time during my eligibility period. Only one of these three providers can be a back-up (alternate) provider. I may use a licensed/certified provider for back-up care.

**I declare under penalty of perjury the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize willful falsification of this information by me may subject me to penalties as provided in Washington State Law. (RCW 74.08.055)**

PARENT/GUARDIAN'S SIGNATURE

DATE

PROVIDER'S SIGNATURE

DATE

**ALL CHILD CARE PROVIDERS**

**By accepting DSHS child care payments, providers agree to the following:**

DSHS reserves the right to withhold approval/authorization for any child care request.

**Provider Notification Note:** Although staff will try, DSHS does not have to give child care providers advance notice if benefits are reduced or terminated. Please note the family eligibility end date on the Social Service Payment System (SSPS) payment authorization notice. Licensed/certified providers can contact the authorizing worker for a copy of the provider information booklet, "Child Subsidies, A Booklet for Licensed and Certified Child Care Providers," DSHS 22-877(X).

**Additional Payments:** Licensed and certified providers may not make parents/guardians pay the difference between what DSHS authorizes for regular child care services and the provider's usual rates. A provider may not make a client find a third party to make additional payments or for the purposes of paying a copayment.

A provider may charge a DSHS client extra when a parent/guardian:

- Requires child care in excess of the amount of care authorized due to personal reasons (e.g., a parent/guardian is late picking up the children because they went shopping); or
- Requests optional enrichment programs (e.g., gymnastics, ballet, etc.) for the children.

**Providers are not employed by DSHS:** The provider and their employees performing under this agreement are not employees or agents of DSHS. The provider will not claim to be an officer or employee of DSHS or of the State of Washington, nor will they make any claim of right, privilege, or benefit which would accrue to a civil service employee under Chapter 41.06 RCW.

Child care rates are set by DSHS and taxes may be withheld when appropriate. DSHS reports child care earnings to the Internal Revenue Service (IRS). Providers will be sent a 1099 or W-2 form by the end of January each year. The form will be sent to the last address DSHS has on file.